

CLAIMS ONLY

Application Number

" Filling" Date

16/820079
Applicant(s)

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 5/14/07		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11						
12	1					
13		1				
14						
15	1					
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18	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep	4					
Total Depend.	10					
Total Claims	14					